7.5, No.300	ALED FEB 17 1950	STANDARD CERTIF	ICATE OF DEATH	State File No	155
EV. 1U-45	BIRTH NO	REG. DIST. NO. 218	PRIMARY REG. DIST. NO.	3 Registrar's No	1202
t.	1. PLACE OF DEATH a. COUNTY		a. STATE Missou	Where deceased lived. If insti	tution: residence before admission).
0	b. CITY (If outside corporate limits, write OR TOWN St. Louis	township) STAY (in this place)	c. CITY (If outside corporate limits OR St. LO1		hip) q !
COR	d. FULL NAME OF (If not in hospital or HOSPITAL OR 1NSTITUTION St. L	institution, give street address or location) ukes Hospital	Annerce :	obear Ave.	0
T RE	3. NAME OF B. (First) DECEASED (Type or Print) Agne	b. (Middie)	c. (Last) Linkitz	4. DATE (Month) OF Feb. 4.	(Day) (Year) 1950
ANEN	5. SEX 6. COLOR OR RACE Female White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MATTIED	May 6. 1888	9. AGE (In years if UNDER last birthday) Months	
PERMANENT RECORD	10a. USUAL OCCUPATION (Give kind of wor done during most of working life, even if retired HOUSEWILLE		11. BIRTHPLACE (State or foreign of Austria	country)	12. CITIZEN OF WHAT COUNTRYS.
. 4	13a. FATHER'S NAME	13b. MOTHER'S MAIDEN	· · · =	WE OF HUSBAND OR WIFE	
,	Unknown 15. WAS DECEASED EVER IN U.S. ARMED	Unknown FORCES? 16. SOCIAL SECURITY	17. INFORMANT'S SIGN	Oscar Linki	
-MARE	(Yes, po, or unknown) (If yes, give war or date		Emma Auchly?	2013 Obear	ADDRESS Ave.
INK—A	18. CAUSE OF DEATH Enter only one cause per I. DISEASE OR CONDITION Interval. Inte				
CK	*This does not mean the mode of dying, such Morbid condition	α	Jany,	mal	
BEA	the mode of dying, such as heart failure, asthenia, itc. It means the discase, injury, or complication which caused death. Morbid conditions, if any, giving DUE TO (b) Modeles of the above cause (a) stating: the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				The state of the state of
ADING					
UNEA	19a. DATE OF OPERA- TION 19b. MAJOR FI	NDINGS OF OPERATION		, to proper a to	20. AUTOPSY?
SING	Z1a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHII	P) (COUNTY)	75X
P	2)d. TiME (Month) (Day) (Year) OF INJURY	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY OCCUR?	41 At	
AINLY	22. I hereby certify that I attended the deceased from 12/3, 1947, to 2/4, 19 5 that I last saw the deceased alive on 2/4, 1950 and that death occurred at 1/F. m., from the causes and on the date stated above.				
E PIL	23a. SIGNATURE	(Degroe or title)	23b. ADDRESS 3720 Was	higtor	23c. DATE SIGNED
WRITE	24a. BURIAL, CREMA- 24b. DATE TION, REMOVAL (Boodly) Burial / 2/8/5	24c. NAME OF CEMETER	Y OR CREMATORY 24d. LOCA	TION (Sity, town, or count	
. *	DATE REAT BY LOCAL REGISTRAR'S		25 FUNERAL DIRECTOR'S S W. A. Stock	I GNATURE AD	and Ave.
. [/(:	B 514 3 13		

THE DIVISION OF HEALTH OF MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by				
orking under my personal supervision.				
	Signed Frank a. Morre			
Student				
	Licensed Embalmer No. 364/			

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so exacted above.